




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
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Boston, MA 02111
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Eligibility Operations Memo 02-18
December 15, 2002

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Assistant Commissioner, Member Services 

RE: **Redetermination of MassHealth Eligibility for Certain Massachusetts Rehabilitation Commission Consumers Who Are Receiving Services Under the Traumatic Brain Injury Waiver**

Introduction

Federal guidelines require that individuals who are receiving community-based services under a home-and-community-based waiver (Section 1915(c) or (d) of the Social Security Act), and who would be institutionalized if not for these services, must have their MassHealth eligibility redetermined under Volume II (Traditional) regulations.

The Division will use Volume II regulations to redetermine MassHealth eligibility for certain Massachusetts Rehabilitation consumers who are receiving MassHealth Standard or MassHealth CommonHealth under Volume I (Health Care Reform) regulations, and who are also receiving home-and-community-based waiver services (in this case, the Traumatic Brain Injury Waiver) from the Massachusetts Rehabilitation Commission (MRC). Cases meeting these criteria will be converted from MA21 to PACES.

Process

The review process will be done at Central Office. The review form that will be used is the HCBSW-Review.

MRC staff members will assist these consumers with the completion of the review form and will forward them to Member Services at Central Office. With the review form, MRC staff will send verification of the dollar amount of the waiver-services provided to the consumer by MRC in the past six months.

If the MRC consumer is under the asset limit for Volume II regulations and has an income that is under the federal poverty level, a category 5 case will be opened on PACES with a 4T group code.

Process
(cont.)

If the MRC consumer is under the asset limit for Volume II regulations, but would have an income deductible, the six-month dollar amount of MRC waiver-services will be used to meet the deductible. If the waiver-services meet the deductible, a category 5 case will be opened on PACES as spenddown met.

If the MRC consumer is over the asset limit for Volume II regulations, the individual will remain on MassHealth under Volume I regulations and on MA21.

Central Office will code these cases with office number 510 and group code 4T.

MEC staff should not make any changes to these cases without consulting Central Office through the MassHealth Policy Hotline.

Questions

Questions about these procedures should be directed to the MassHealth Policy Hotline through your office designee.
